City Council
Len Torres, President
Fran Adelson, Vice President
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## City of Long Beach

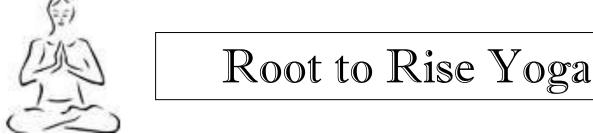
City Manager
Jack Schnirman

Paul Ferrante



**Parks & Recreation Department** 

Assistant Superintendent of Parks & Recreation



Basic instruction in yoga. All levels are welcome. Stephanie Durso, Instructor

**REGISTRATION:** Long Beach Recreation Center

700 Magnolia Blvd.

431-3890

**FEE:** \$36.00 cash, credit card, checks or money orders

Checks or money orders made out to City of Long Beach.

No refunds - No exceptions

Registration opens on Thursday, October 22<sup>nd</sup>

There are a limited number of spots available. The class will be filled on a first come, first serve basis. No mail-in applications will be accepted.

Class dates: (Meet at Senior Center – 2<sup>nd</sup> Floor at 6:45 pm)

|          | November    | December |
|----------|-------------|----------|
| Thursday | 5 – 12 – 19 | 10 – 17  |

## It is recommended that you bring your own yoga mat and water.

| Fall II 2015 Yoga           |                       |                     |          | **Put Telephone # on check |
|-----------------------------|-----------------------|---------------------|----------|----------------------------|
| NAME                        |                       |                     | SEX      | AGE                        |
| STREET                      |                       | CITY                |          |                            |
| PHONE                       |                       | E-MAIL              |          |                            |
|                             | FILL OUT MEDICAL INFO | ORMATION ON BACK OF | THIS FLY | ER                         |
| For Rec Use Only: Receipt # | Amt Pd.               | Date                | Staf     | f Posted                   |

## Fall II 2015 Root to Rise Yoga **EMERGENCY MEDICAL INFORMATION**

(Please print clearly)

## PLEASE COMPLETE THE FOLLOWING INFORMATION:

| NAME               |                 | HOME PHONE #               |                                 |  |  |
|--------------------|-----------------|----------------------------|---------------------------------|--|--|
| AGE                | SEX             | BIRTH DATE                 |                                 |  |  |
| ADDRESS            |                 |                            |                                 |  |  |
| CITY/STATE         |                 |                            | ZIP                             |  |  |
| EMPLOYER           |                 |                            | PHONE                           |  |  |
| IN AN EMERG        | ENCY PLEASE     | NOTIFY:                    |                                 |  |  |
| NAME               |                 |                            | PHONE                           |  |  |
| ADDRESS            |                 |                            |                                 |  |  |
| RELATIONSHII       | P (to above)    |                            |                                 |  |  |
|                    |                 | SERIOUS ILLNESS, INJURY OR | OPERATION (if YES, give dates & |  |  |
| 2. WILL APPLI      | CANT BE TAKIN   | IG ANY MEDICATION? (if YES | , indicate types & effects).    |  |  |
|                    |                 | PHYSICAL OR MENTAL DISAB   | ILITY ABOUT WHICH THE           |  |  |
| INSTRUCTOR N       | NEEDS TO BE AV  | WARE OF FOR INSTRUCTIONA   | L MODIFICATIONS OR              |  |  |
| EMERGENCY F        | PURPOSES? (if Y | ES, please explain:)       |                                 |  |  |
|                    |                 |                            |                                 |  |  |
|                    |                 |                            |                                 |  |  |
| Participant's Sign | nature          |                            | Date                            |  |  |